

RECORD
N. B.—In case of more than one child at a birth, make for each, and the number of each.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|---|--|--|---|
| 1. County of <u>Navajo</u> | BUREAU OF VITAL STATISTICS | | State Index No. <u>486</u> |
| District of <u>Snowflake</u> | ORIGINAL CERTIFICATE OF BIRTH | | County Registrar No. <u>2</u> |
| Town of _____ | No. _____ | | Local Registrar No. _____ |
| or _____ | (If birth occurred in a hospital or institution, give its NAME instead of street and number) | | St. _____ Ward _____ |
| City of _____ | | | If child is not yet named, make supplemental report, as directed. |
| 2. Full name of child _____ | | | |
| 3. Sex of Child <u>Female</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other <u>1st</u> | 5. Legitimate? <u>yes</u> |
| | | 6. No., in order of birth _____ | 7. Date of birth <u>Jan 26 1924</u> |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>Ralph E Ramsay</u> | | Full maiden name <u>Edris Maud Frost</u> | |
| 9. Residence (Usual place of abode) <u>Snowflake</u> | | 15. Residence (Usual place of abode) <u>Snowflake</u> | |
| If nonresident, give place and state _____ | | If nonresident, give place and state _____ | |
| 10. Color or race <u>White</u> | 11. Age at last birthday <u>40</u> (Years) | 16. Color or race <u>White</u> | 17. Age at last birthday <u>39</u> (Years) |
| 12. Birthplace (city or place) <u>St. Johns</u> | (State or country) <u>Arizona</u> | 18. Birthplace (city or place) <u>Kanab</u> | (State or country) <u>Utah</u> |
| 13. Occupation <u>Carpenter</u> | Nature of industry _____ | 19. Occupation <u>Housewife</u> | Nature of industry _____ |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |
| (a) Born alive and now living <u>7</u> | | (b) Born alive but now dead <u>0</u> | |
| (c) Stillborn _____ | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10:10</u> p.m. on the date above stated. | | | |
| (Born alive or stillborn.) | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. | | Signature <u>J. N. Heywood</u> | |
| Given name added from a supplemental report _____ | | Address <u>Snowflake, Ariz.</u> | |
| Month, day, year. _____ | | Filed <u>Feb 4 1924</u> <u>Willis R. Thuman</u> Legal Registrar | |
| Registrar. _____ | | Filed <u>2-18-24</u> <u>J. M. Bazell</u> County Registrar | |

398-126-4163